

THE CITY OF SAN DIEGO

## **Community and Economic Development**

FOR IMMEDIATE RELEASE Tuesday, September 14, 2004

CONTACT
Eric Symons
(619) 533-5318
ESymons@sandiego.gov

## Federal Government Lauds Local Efforts to End Chronic Homelessness

SAN DIEGO - The San Diego region is gaining national attention for its unique and successful efforts in the battle against homelessness in the area. At a news conference today, Philip Mangano, Executive Director of the U.S. Interagency Council on Homelessness, praised San Diego's Serial Inebriate Program (SIP). In addition, the City is announcing the formation of the region's Leadership Council to coordinate the development of the Plan to End Chronic Homelessness. San Diego Police Chief William Lansdowne, whose department oversees SIP, says the program demonstrates the collaborative efforts with private and government agencies to help proactively end chronic homelessness in the region.

Started in January 2000, the Serial Inebriate Program is an innovative effort involving the City and County of San Diego, the San Diego Police and Sheriff's Departments, San Diego County Superior Courts, San Diego County Health and Human Services and Mental Health Systems, Inc. The program serves as a problem-solving effort to reduce the number of chronic, homeless alcoholics going in and out of Detoxification Centers, County Jail, and local emergency rooms through intervention and treatment. A number of agencies and treatment partners work in tandem with SIP. This collaborative effort provides a less expensive and more appropriate alternative to emergency departments and jails for treatment of homeless chronic inebriates.

The goals of the Serial Inebriate Program (SIP) are:

- to slow or stop the revolving door cycle of chronic alcoholics going in and out of Detoxification Centers, County Jail, and Emergency Rooms
- to divert this population off the street and into County-funded treatment programs
- to significantly reduce the uncompensated costs, time constraints, and manpower burdens to San Diego County's healthcare, law enforcement, and judicial infrastructure caused by homeless, chronic alcoholics
- to give people who routinely live on the street an opportunity to create a stable mainstream lifestyle

The program strategy offers treatment in a joint City/County-funded program in lieu of custody time obtained from a guilty verdict for public intoxication. Once in treatment, clients are provided with wraparound services designed to help their recovery from

alcoholism and begin moving them toward re-entering society as a sober community member.

"SDPD began this program because it reduced the number of repeat offenders," said Chief Lansdowne. "With about 7,000 chronically homeless people in the county, SIP dramatically impacts the number of hours that law enforcement officers have to spend on alcohol and other issues involving those who live on the streets."

Since its inception, SIP has secured tangible results that have improved the lives of program participants while reducing the burden taxpayers incur through police, hospital and emergency costs. 32% of clients entering the Serial Inebriate Program complete the program. Moreover, a study by the San Diego Police Department's Western Division showed that individual arrests were down 12%, total arrests were down 33%, and arrests per person were down 25% for Serial Inebriate Program clients. A sample study on the impact the Serial Inebriate Program had on hospital emergency departments and Emergency Medical Services showed that hospital and EMS contacts were reduced 80% to 90%, while hospital costs were reduced 80%.

"In moving forward with a 10-year planning partnership focused on ending homeless for the most vulnerable and costly, and in developing cost effective innovative initiatives such as the SIP program, the San Diego region is in the national forefront in its response to homelessness" stated Mr. Mangano.

The event also marks the kick-off of the Leadership Council's coordination of the Plan to End Chronic Homelessness in the San Diego region. The Council will be chaired by Dene Oliver, CEO of OliverMcMillan. Fred Baranowski, CEO of United Way, has announced that organization's support, providing fiscal, clerical and consulting services to the planning process. The goals of the plan include addressing such pivotal components as regional data collection systems, prevention and intervention strategies, creative housing alternatives, and policy mechanisms that can lead to homelessness. In addition to the work of the Leadership Council, business, public, civic, academia, healthcare and nonprofit agency resources will be engage to accomplish the plan's goals.

"Together, the San Diego region will focus on the small segment of the population that is routinely homeless and use the best minds, skills and talents to address the human suffering as well as the drain on its resources," said Oliver. "With this ambitious goal, the City and County of San Diego, and their many partners, will work together to provide appropriate assistance for those who need it the most."

The San Diego region has more than 7,000 urban homeless men, women and children as reported in the most recent Regional Task Force on the Homeless Profile (July 2004). Of these, it is estimated that more than 1,300 (29%) are single adults who qualify as chronically homeless. With the City's current complement of 3,400 year-round shelter beds, there is a gap of nearly 4,000 beds.

A chronically homeless person is defined as one who has a significant disability and other challenges that cause him or her to routinely live on the streets. These include a diagnosable substance use disorder, serious mental illness, developmental disability and chronic physical illness or disability. They most often sleep in a place not meant for human habitation (e.g.,

street, canyon, park, or vehicle) and/or in emergency homeless shelters continuously for at least a year or experience four episodes of homelessness in the past three years. They are sometimes referred to as the "visible" homeless.

There are also chronically homeless families that routinely live in emergency or short-term homeless shelters in the San Diego region, 60% of which are children. The County's Health & Human Services Agency is currently working to develop data on the actual number of chronically homeless families.

For additional information regarding the U.S. Interagency Council on Homelessness, call (617) 994-8203 or visit the Council's Web site at <a href="https://www.ich.gov">www.ich.gov</a>.

For more information on the County of San Diego's Health and Human Services Agency, contact County offices at 619-338-2799.

For more information on volunteering for the regional effort to end chronic homeless, contact the United Way at (858) 492-2000.

For addidtional information on the City of San Diego homeless services programs, visit the City's Web site at <a href="https://www.sandiego.gov">www.sandiego.gov</a> or contact the Community and Economic Development Department at (619) 533-6525.

###

Site Map Privacy Notice Disclaimers

| <u>Home</u> | <u>Business</u> | <u>City Hall</u> | <u>Community</u> | <u>Departments</u> | <u>Information</u> | <u>Leisure</u> | <u>Services A-Z</u> | <u>Visiting</u> | | <u>Search</u> | <u>Site Map</u> | <u>Contact the City</u> | <u>Privacy Notice</u> | <u>Disclaimers</u> |

## **EMS and Public Health Bulletin** A Strategy for Enhancing Community Health Care

Index

Where It's Working

EMS and Public Health Traditions

The Ideal Collaboration

Growing Support for Change

The Benefits of Collaboration

Where It's Working

Where Do We Go From Here?

EMS and Public Health Roundtable Participants San Diego County Serial **Inebriate Program** 

(Aligns with Healthy People 2010 Objective 26-5, (Developmental) Reduce alcohol-related hospital emergency department visits.)

San Diego County EMS providers recently joined other sectors of the health care community in initiating an innovative program that promises to provide better care for

Emergency Access and Elderly Care in Metro **Dade County** 

Public Access Automatic External Defibrillator Program in Maine

EMS and Public Health Collaboration in New **Hampshire** 

Crash Injury Research and Engineering Network (CIREN)

**Elderly Fall Prevention Program in Vermont** 

San Diego County Serial Inebriate Program

**Emergency Medical Dispatch as Public Health** Access in Atlanta - Fulton County, Georgia

chronic inebriates as well as reducing the tremendous burden that this problem was placing on county healthcare resources. Stemming from the efforts of two San Diego County police officers, the Serial Inebriate program began in 2000 with a survey of county businesses and healthcare facilities to estimate the extent and cost of the chronic inebriation problem.

With new awareness of the scale of the problem, county officials assembled a coalition of healthcare, social service, law enforcement, and judicial agencies to design a comprehensive intervention to reduce recidivism, improve treatment, and cut economic costs. The Serial Inebriate Program engages both law enforcement and EMS in the response to cases of inebriation and, in chronic cases, maintains the involvement of both the legal and healthcare communities through each of a well-defined sequence of care and adjudication steps.

This coordinated approach to the chronic inebriation problem benefits the inebriate, the healthcare system, and the community. The program ensures that chronic inebriates are not turned back to the community before they have received appropriate treatment, drastically reducing the recurring cycles of arrest, emergency department visit, and release that were failing to help the inebriate and draining healthcare resources.

The success of the Serial Inebriation Program can be seen in the sharp increase in the number of chronic cases now entering the county recovery program and in reports of relief and satisfaction from patients, healthcare providers, and law enforcement personnel that

• EMS and Public Health Bulletin A Strategy for Enhancing Community Health Care: Whe... Page 2 of 2

had been engaged in these destructive cycles. The key to this success is coordination, engaging EMS with community public health, social services, law enforcement, and adjudication to address common problems with innovative solutions.